PCPP: Scholarships-Non Teach¹

Contract Number: Grantee Name		July-December 2010	April-June 2011
GRA-MULTI-10-0035-01: Central Arizona College	Number of Participating Scholars	7	16

Reach out and Read

Contract Number: Grantee Name		July- Sept 2010	Oct- Dec 2010	Jan- Mar 2011	April- June 2011
FTF-RC015-10-0015-01- Y2: American Academy of	Number of physicians/ practitioners trained in ROR model	12	14	3	3
Pediatrics-Arizona Foundation, Reach Out	Total number of medical practices participating in reach out and read model	7	7	1	1
and Read	Total number of books distributed	_2	300	1452	1311

Quality First Child Care Scholarships

Contract Number: Grantee	Name		July- Sept 2010	Oct- Dec 2010	Jan- Mar 2011	April- June 2011
FTF-MULTI-11-0302-01:		Number of Providers served during the quarter	4	4	4	4
Valley of the Sun United	Centers	Number of Families served during the quarter	28	31	31	28
Way		Number of Infants/Toddlers served during the quarter	9	10	7	8
		Number of Preschoolers served during the quarter	18	20	24	22
		Number of children with Special Needs served during the quarter	0	1	2	0
		Total number of children receiving scholarships	27	31	33	30
		Number of Providers served during the quarter	3	2	2	2
	Homes	Number of Families served during the quarter	7	5	5	5
		Number of Infants/Toddlers served during the quarter	4	2	2	2
		Number of Preschoolers served during the quarter	4	3	3	3
		Number of children with Special Needs served during the quarter	. 3	0	0	0
		Total number of children receiving scholarships	8	5	5	5

¹ Data reflects all activity for an academic semester. Because of the academic timelines of this strategy, there are two reports a year rather than the standard quarterly reports.

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² '-' is reported when grantee answered "No" on "Did you distribute or purchase books in this reporting period?"

³ '.' Denotes no data are available because grantee left data field(s) blank in their data reporting template.

Scholarships T.E.A.C.H.

Contract Number: Grantee Name		July- Sept 2010	Oct- Dec 2010	Jan- Mar 2011	April- June 2011
GRA-STATE-10-0017-01 Y3:	Total number of participating scholars	4	4	6	3
Association for Supportive Child	Statewide Quality First!	2	2	2	1
Care	Regional Expansion Quality First!	0	3	1	2
	Regional Partnership Council T.E.A.C.H.	2	2	3	0

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Care Coordination

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
FTF-RC015-10-0013-01-Y2 / North Country HealthCare	Quarterly Data Submission Status*	3	3	3	3
	Total number of children (0-5yrs) receiving care coordination services**	195	205	148	216
	Number of Families who are Under- or Un-insured**	7	3	9	0
	Number of Families Receiving Insurance Follow-up**	7	10	5	0
	Number of Families Referred to Health Care and Low cost Care Providers**	0	0	0	4
	Total Number of Referrals**	89	88	123	68

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Community Based Professional Development Early Care and Education Professionals

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
FTF-RC015-10-0208-01-Y2 / Northland Pioneer College	Quarterly Data Submission Status*	3	3	3	3
	Number of Training Sessions during the quarter**	8	8	4	
	Number of Adults Attending**	53	98	39	
	Average Number of Adults Attending each Session**	6.6	12.3	9.8	0.0

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Community Based Training

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
IGA-RC015-11-0100-01 / Navajo County Library District	Quarterly Data Submission Status*	2	3	3	3
	Number of Sessions**	2	14	13	19
	Total Adults Attending**	0	80	125	76
	Total Children Attending**	0	122	65	165
	Avg Adults Attending each Session**	0.0	5.7	9.6	4.0
	Avg Children Attending each Session**	0.0	8.7	5.0	8.7

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Director Mentoring/Training

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
IGA-RC015-11-0102-01 / Northland Pioneer College	Quarterly Data Submission Status*	2	3	3	3
	Number of Sessions**	1	3	4	2
	Total Directors Attending**	1	3	4	23
	Average Attendance per Session**	1.0	1.0	1.0	11.5

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Nutrition/Obesity/Physical Activity

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
IGA-RC015-11-0101-01 / Arizona Board of Regents for and on behalf of University of Arizona	Quarterly Data Submission Status*	2	3	3	3
	Media Impressions**			0	200
	Written Materials**			183	601
	Group Meetings**			18	181
	One-on-One Interactions**			34	5
	Families Reported as Under-Insured or Un-Insured**	0	0	8	37
	Families Received Assistance with Insurance Follow- up**	0	0	0	0
	Families Referred for Low-Cost/Free Care**	0	0	0	6
	Number of Sessions**			9	31
	Total Number of Adults Attending**			53	259
	Total Number of Children Attending**			7	86
	Average Number of Adults Attending Each	0.0	0.0	5.9	8.4

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Sessions**				
Average Number of Children Attending Each Sessions**	0.0	0.0	0.8	2.8
Number Receiving Information**		20	95	369
Total Number of Info Sessions**		2	12	7

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Oral Health

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
FTF-RC015-10-0091-01-Y2 / Navajo County Public Health Services District	Quarterly Data Submission Status*	3	3	3	3
	Media Impressions**	0	0		0
	Written Materials**	179	357		417
	Group Meetings**	0	0		0
	One-on-One Interactions**	0	0		0
	Oral Health Screening: Expectant Mothers**	0	0	0	0
	Oral Health Kits: Expectant Mothers**	0	0	0	0
	Oral Health Screening: Children Birth to 5**	177	356	208	343
	Fluoride Varnish: Children Birth to 5**	173	353	205	342
	Oral Health Kits: Children Birth to 5**	177	356	208	343
	Families Reported as Under-Insured or Un-Insured**	36	74	38	75
	Families Received Assistance with Insurance Follow- up**	18	37	208	75

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Families Referred for Low-Cost/Free Care**	390	750	251	392
Number of Intensive Training Sessions**				
Number of Professionals Attending**				
Number of Families Attending**				
Number of Children Attending**				
Average Number of Professionals Attending Each Sessions**	0.0	0.0	0.0	0.0
Average Number of Families Attending Each Sessions**	0.0	0.0	0.0	0.0
Average Number of Children Attending Each Sessions**	0.0	0.0	0.0	0.0
Number Receiving Information**		22	64	31
Expectant Mothers Referred**	0	0	0	0
Expectant Mothers Receiving Service**	0	0	0	0
Children Referred**	177	356	208	369
Children Receiving Service**	111	268	126	275

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Parent Kit

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)		Fourth Fiscal Quarter (Apr- Jun)
GRA-STATE-10-0025-01-Y3 / Susan Fry & Associates	Total English Cases**	27	25	14	4
	Total Spanish Cases**	0	3	0	0
	Total Cases**	27	28	14	4
	Total Kits**	324	336	168	48

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Quality First - Statewide Funding

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
FTF-STATE-10-0001-02-Y3 / Southwest Human Development	Number of center based providers served**	2	2	2	2
	Number of home based providers served**	2	1	1	1

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr- Jun)
FTF-STATE-10-0002-01-Y3 / Valley of the Sun United Way	Number of center based providers served**	2	2	2	2
	Number of home based providers served **	2	1	1	1

Key to report information

*Quarterly Data Submission Status (Single Asterisk)

Null (empty box) = Grantee was not contracted for this reporting period (reporting period = one quarter)

Null (empty box) with Quarterly Data displayed signifies that grantee does not submit data through PGMS but via other means

0 = No reports for this quarter were submitted

1 = Quarterly data based upon a partial submission of 1 months data

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	2 = Quarterly	y data based	upon a	partial	submission	of 2	months	data
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3 = Quarterly data based upon a full quarter of data provided

**Quarterly Data Submission Value (Double Asterisk)

Null (empty box) = Grantee reported that this is not part of the grantee's contract and did not provide data. Any other numeric entry (zero or greater) indicates a number reported by grantee.

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